

Testimony of the Connecticut Society of Eye Physicians,

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David Emmel

For the Insurance and Real Estate Committee

on

S. B. No. 92 AN ACT CONCERNING PRESCRIPTION EYE DROPS

on

February 18, 2010

Presented by David Emmel, M.D.

Good afternoon Senator Crisco, Representative Fontana and other distinguished members of the Insurance and Real Estate Committee. My name is Dr. David Emmel, and I am a board certified ophthalmologist working in Wethersfield, Connecticut. I am here in the capacity of President-elect of the Connecticut Society of Eye Physicians to represent 300 Connecticut Ophthalmologists in support of SB 92 AAC Prescription Eye Drops.

The physicians and surgeons of CSEP would like to thank you for putting into law a protection for those who need to renew their eye drop prescriptions before a full calendar month has run its course. That will help many of our patients who need to stay on continuous therapy for sight threatening illnesses like glaucoma. We ask you today to provide a similar remedy for those in supervised care situations like school or day care, children and adults alike, who may need to have two, separate locations for drop administration. Many young patients also require eye drops for sight threatening conditions like corneal infections, or uveitis, an inflammation of the inside of the eye which can lead to glaucoma, cataract, and permanent vision loss. Treatment of such conditions can go on for quite some time, and may need to be repeated frequently.

When possible, we treat with eye drops to avoid the side effects of systemic treatment. In many cases, this requires many drops spread throughout the day. Since they spend a significant amount of time away from their home, the drops must be administered at school as well as at home. Children and adults with dementia, often cannot administer eye drops themselves, or are not allowed to by administrative rules, and for the same reasons they cannot reasonably be expected to reliably transport the drops to and from school or day care. School buses and other travel arrangements often preclude involvement of the parents or other family members in the transfer of medication, and the school nurse or other administering authority may not be available at the appropriate time for the transfer to occur. While pills and even elixirs can be easily divided into two or more containers and labeled by the pharmacy or the parent, eye drops, come in premeasured bottles that cannot be easily divided. Two locations require two bottles. But insurance plans rarely cover a second bottle for these circumstances, leaving the parents to pay for the additional medication. For some parents and some medications, this represents a significant cost and presents a financial hardship. This can lead to prolonged and sometimes even failed treatment, requiring more serious therapies increasing both the disease and financial burden.

A simple solution would be to require coverage of a second bottle of eye drops for use at school or daycare, when explicitly requested by the ordering provider, in a

manner similar to what you have already done for early refills for those who have difficulty self-administering drops. This bill does just that. We thank you for addressing the problem the elderly have using eye drops effectively and efficiently, and we urge quick passage of this bill that provides a similar remedy for our children in day care or school and for adults in day care as well. This should place little burden on the insurers, as it would only apply to those few prescriptions on which the prescriber specifically writes to provide an additional bottle, which would be negotiated between the provider and the patient on a case by case basis. I typically try to write for a medication schedule that does not involve school or day care personnel, but for those patients who need it; this would provide welcome relief from what can be a significant burden. Thank you for your time and effort on behalf of our patients.